

# Facilitating study abroad for psychology students

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*Study abroad in psychology promotes knowledge of other cultures, global-mindedness, the re-evaluation of one's cultural identity, interest in civic engagement, and insight into the universality or non-universality of psychological phenomena. Heightened recognition of these outcomes has led to increasingly larger numbers of psychology students studying abroad. Still, psychology staff who wish to direct a study abroad programme may find the process of organising and leading such a programme intimidating. They may also need practical strategies for responding effectively to mental health issues that arise while abroad, a charge for which professors of psychology are especially well suited. Additionally, psychology staff who advise students seeking study abroad opportunities need to be knowledgeable about the benefits of study abroad, options that exist for their students, and the basics of how to make study abroad administratively possible. In this paper we provide theory-, research-, and experience-driven strategies to guide psychology staff through the complex processes of advising students and directing study-abroad programmes.*

**Keywords:** Study abroad, internationalisation, psychology education, intercultural learning, mental health.

**B**ECAUSE OF increasing student mobility and the vast number of students studying psychology, psychology staff need to be able to provide informed advice to students seeking study abroad opportunities and be familiar with the benefits of studying abroad, options that exist for their students, and the basics of how to make it administratively possible. Whether taking students abroad or receiving students from abroad, psychology staff require strategies to recognise students in distress, provide front-line assistance, and refer them to professional help as needed. Psychology staff also need to understand how foreign students come to their campus and how their experience abroad integrates into their degree programme back home.

This paper addresses such issues by providing practical advice for psychology staff who: a) direct or wish to direct study abroad programmes; b) advise students who are seeking study abroad opportunities or who have traveled from abroad to study; or c) encounter mental health issues among students studying abroad. We also discuss more briefly the importance of study abroad in psychology as a prelude to the more practical sections.

We expect that the advice dispensed will be most applicable to psychology staff at institutes of higher education in the UK but also largely relevant to such staff at institutes in other EU (Erasmus) states and in the US. Although we both work at a US college, the first author (KA) studied abroad in England and has regularly led study abroad programmes to Central Europe since 2000, and the second author (NZ) guides US students in selecting institutions in the UK and elsewhere in the EU for study abroad as well as courses to take while abroad. Additionally, she assists international students – both direct enroll and exchange – on our home campus.

## The importance and growth of study abroad in psychology

The heightened importance of study abroad in psychology can be traced to the increasingly interconnected world in which we live. This can be seen most clearly in issues pertaining to the environment, communication, migration, security, health, and the trade of goods and services, all on which the field of psychology has some bearing. Current students wishing to be productive members of diverse communities benefit greatly from

an enhanced internationalised perspective. Yet, a sizable majority of the textbooks and articles read by Western psychology students are to some degree insular; that is, they include primarily Western – especially British and American – perspectives, constructs, and research findings (Arnett, 2008).

Study abroad constitutes a critical means of bridging the gap between current practices and student needs. It leads to gains in intercultural competence, such as a greater awareness of cultural differences (Levine, 2009), increased knowledge about specific cultures (Braskamp & Engberg, 2011), fewer stereotypes, and increased tolerance of others (Levine, 2009). Study abroad also promotes global-mindedness, the re-evaluation of one's cultural identity, and increased interest in civic engagement and social justice. Students typically emerge from study abroad with greater confidence when faced with novel situations, an increased sense of independence, and – for psychology students – heightened insight into the types of populations with which they would like to eventually work (Koch et al., 2014).

Of note, study abroad is enriching not only for the students who directly partake but also for their classmates with whom they interact upon return. While abroad, students are regularly exposed to different values and perspectives on a range of psychological phenomena. They may encounter 'different social values, patterns of social relationships, developmental norms, ways of thinking about the self, attitudes toward out-groups, [and] intergroup conflicts' (Lutsky, 2016). Students may also be exposed to different views on the etiology of and optimal treatments for mental disorders (Abrams, 2016). For example, within the European Union (EU) attitudes toward the surgical castration of convicted sex offenders range from acceptable and available (in the Czech Republic and Slovakia) to completely unacceptable and reflecting a violation of basic human rights (official policy of the EU; Pfaefflin, 2010).

Given this backdrop it is perhaps not

surprising that the British Psychological Society (BPS) and American Psychological Association (APA) have recently begun highlighting the importance of internationalising post-secondary education. In 2011 the BPS sponsored a manuscript titled the 'The Future of Undergraduate Psychology in the United Kingdom.' Within it, a set of recommendations was made to support psychological literacy. Recommendations include that psychology departments provide opportunities for students to develop and manage pluralistic viewpoints as well as facilitate placements, community work, and international study for students (Trapp et al., 2011).

In 2013 the APA updated its set of learning goals for undergraduate majors (APA, 2013). Suggested learning outcomes nested within these goals specify that psychology majors should be able to:

- predict how sociocultural and international factors influence how scientists think about behavioural and mental processes;
- explain how psychological constructs can be used to understand and resolve interpersonal and intercultural conflicts;
- pursue personal opportunities to promote civic, social, and global outcomes that benefit the community;
- consider the potential effects of psychology-based interventions on issues of global concern;
- interact sensitively with people of diverse abilities, backgrounds, and cultural perspectives.

#### ***Growth and means of study abroad***

In line with these recommendations, the popularity of study abroad has increased markedly over the past decade. In 2003–04 the number of students from US universities who studied abroad for academic credit was 191,321. By 2013–14, this number had increased by over a third, to 304,467 (Institute for International Education, 2005 & 2015). The number of British students who studied abroad through ERASMUS, a network that links European universities to increase

student mobility, increased from 10,278 in 2007/08 to 15,566 in 2013/14 (Universities UK, 2016). Further, British students who study through Erasmus represent only half the total number of British students who study abroad. Another 40 per cent do so through third-party providers, with the balance using other methods. Most British students who study abroad stay within in Europe (57.5 per cent), and the top destinations overall for British students are, in order, France, Spain, the US, Germany, and Australia (Higher Education Statistics Agency, 2015). Of note, psychology is the third most popular STEM field in which British students study abroad, after clinical medicine and pre-clinical medicine.

For US students there are a number of study abroad programmes in Europe that cater specifically to psychology majors. For example, DIS: Study Abroad in Scandinavia, a large Danish study abroad organisation receives about 2500 students per year, including about 350 in their psychology programme (see <http://disabroad.org/copenhagen/programs/psychology/>). The programme offers a wide array of psychology courses, taught in English mostly by local staff, that make extensive use of resources in Copenhagen and Stockholm. Course offerings include European Clinical Psychology, Psychology of Adolescence: A Scandinavian Perspective, and Cross-Cultural Psychology. The programme features study tours to other European locations, internships, research, and clinical observations. These opportunities to combine classroom learning with practical experience are highly attractive to US undergraduates.

IES Abroad is a US-based organisation with study centres in 35 cities and 21 countries around the world, including Amsterdam and Vienna. Students in the Amsterdam Psychology and Sciences programme take classes at Vrije University alongside local and other international students. They receive support and assistance from the IES Abroad study centre, but their academic experience is otherwise very much like that of their local peers. In Vienna, many classes are

offered at the IES Abroad study centre itself. Other organisations that operate similar programmes in locations around the world include CIEE: the Council on International Educational Exchange and CET Academic Programmes.

Under the direct enrollment model, US students study at foreign universities as exchange or non-degree students. Top direct enrollment destinations are the UK, Australia, and New Zealand, but many other countries receive US students as well.

In the remainder of the paper we provide concrete advice for staff involved in all stages of the study-abroad process. More specifically, we present sections that cover activities to be undertaken pre-departure, while abroad, and post-return, with key recommendations highlighted at the end of each section.

## **Pre-departure activities**

### *Advising students of study abroad options*

Students today enjoy a great deal of choice when considering study abroad opportunities. They must weigh many different, and sometimes competing, factors when making decisions about if, when, and where to study. Psychology staff who serve as advisers for this process should ideally be knowledgeable of institutional policies, priorities, and constraints surrounding study abroad as well as of programme types, courses offered, educational philosophies, health and safety practices, and quality of programs from which students can select. Given that lack of staff support is a major barrier to students studying abroad (Anderson, 2005), staff should, at a minimum, know the types of programmes available to their students and how to help students access resources to make study abroad possible. In making recommendations, psychology staff should additionally consider the student's developmental readiness (Evans et al., 2010).

Further advice stems from the University of Minnesota, a leader in the intentional integration of study abroad into degree programmes. There, psychology students are advised to think broadly about what it means

to travel abroad as a psychology major. More specifically, they are counseled to learn about diverse theoretical orientations to human behaviour from local staff, to extend the home school curriculum by taking courses not offered on campus, to work in a research lab internationally, to participate in field study, internship, or experiential learning opportunities, and to fulfill liberal education requirements (University of Minnesota, 2016).

In recommending study abroad or a particular programme, staff may wish to consider the student's level of academic behaviour confidence (ABC); that is, the student's confidence in his or her ability to engage in behaviours, such as managing one's workload or responding to questions in class, that lead to academic success (Sander & Sanders, 2009). Among university students, ABC correlates with anticipated final-year grades (Sander & Sanders, 2006); further, confidence in class attendance (a component of ABC) and academic self-efficacy (a construct closely related to ABC) both predict actual academic performance (Sander, 2009; Chemers, Hu & Garcia, 2001).

### ***Preparing students to study abroad***

Psychology staff directors can use disciplinary knowledge to prepare students for study abroad. For example, at a pre-departure meeting students might also be asked to complete and reflect upon measures of identity and intercultural competence, such as the Multigroup Ethnic Identity Measure (Phinney, 1992) and the Intercultural Development Inventory (Hammer, Bennett & Wiseman, 2013). They might also be asked to reflect in writing or via a questionnaire on pre-existing attitudes that relate to the programme (e.g. regarding the universality of mental disorders for a cross-cultural psychopathology programme).

One construct that readily ties to preparation for study abroad is resilience, 'the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances' (Masten, Best & Garmezy, 1990, p.426). It includes trait

characteristics, such as temperament and personality variables, as well as specific skills, such as problem-solving ability (Campbell-Sills, Cohan & Stein, 2006). Emotional resilience further includes flexible thinking, the capacity to pause and reflect, tolerance of stress and negative emotions, an openness to experience, and the ability to regulate shifting moods (Abarbanel, 2015).

Developing and harnessing resilience is important as it predicts, when faced with challenging circumstances, both academic performance (cumulative GPA) and mental health (Hartley, 2011). It has been predicted that resilience would be especially important in predicting academic performance for students with more (vs. less) impaired mental health, though an initial test of this hypothesis was not supportive (Hartley, 2011). Resilience may also decrease the negative effects of homesickness, which otherwise may lead students to withdrawal both socially and academically, and experience depression, culture shock, difficulties with concentration, and a loss of identity (Blake, 2006; Bradley, 2000; Fisher, 1989).

At Carleton College, students are required to attend a health and safety presentation that introduces resilience, among other topics, as a key principle for staying healthy abroad. They are given a self-report questionnaire (constructed by Carleton staff) and further resources to consult if their resilience scores are low to medium, including a video presentation for travelers abroad titled the *Roots of Resilience* (<http://youtu.be/UsHER0tR89s>; Weis, 2015). While resilience is a commonly-used term, it is a relatively new research concept (Hartley, 2011) and additional research is needed to understand which resilience components are most related to study abroad.

### ***Mental health***

Because foreign cultures often have different norms, taboos, and treatment approaches surrounding mental health, staff directors should ensure they have an understanding of these issues prior to departure (University

System of Georgia, n.d.). Staff should also familiarise themselves with laws in the host country regarding involuntary hospitalisation.

Study abroad offices and organisations that sponsor programmes should have clear processes in place to screen for pre-existing mental health issues and, when necessary, for responding to recurrences while abroad. Best practices on these issues include: a) requiring each student to submit a health assessment form, completed jointly by the student and a physician, after acceptance into the programme but well before departure; and b) following up on areas of concern revealed on the form with the student, mental health provider, and (less frequently) parents. In some cases, students should postpone their plans or not travel at all. Staff leaders also need to consider how students will obtain psychiatric care while abroad and who will coordinate and pay for it. Relatedly, staff should be aware of whom they should contact at the home institution in the event of a mental health crisis, how decisions are made with respect to sending students home, and who is responsible for initiating contact with parents. A strong working relationship between the staff director, study abroad office, and university health centres is important when sorting through individual cases and making decisions.

Pre-departure materials provided to students should include location-specific resources for obtaining mental health treatment. Students who have pre-existing health (including mental health) conditions should be advised to bring medical records with them. In some cases students should, prior to departure, set up an initial appointment with a mental health professional and have medical records transferred. Often, health insurance providers are able to provide referrals for counselors and psychiatrists. Students should be advised about the desirability of acquiring and transporting psychiatric medications to the host country, taking into account the particular health condition(s) and local laws. By taking these precautions, students will have support in

the event that mental health issues intensify while abroad.

Finally, staff should be aware of and relay to students customs, laws, and penalties regarding alcohol and drug use, which may differ from those of the home country. Staff directors and study abroad offices may wish to have a policy requiring students to sign a drug/alcohol policy statement (University of Georgia, n.d.). The policy should specify consequences for using substances in a way that violates local laws, impairs academic performance, threatens the health of the user, or disrupts the larger group.

### **While abroad: Academics**

At a conceptual level, psychology staff leaders should structure programmes to further students' intercultural skills, including the abilities to understand different cultural contexts and viewpoints, and to induce 'disorienting dilemmas,' which occur when recent experiences cannot be assimilated into one's present frame of reference (Mezirow, 1997). Working through dissonance through carefully conceived assignments, especially ones that require self-reflection and analysis, may lead students to challenge and even modify culturally-based assumptions (e.g. that the structure and function of mental disorders common in the West are consistent across cultures; Abrams, 2016).

Excursions can complement textbook and classroom learning and provide opportunities for students to apply knowledge to the real world, while providing a welcome change of pace. The best suited excursion sites will vary by programme and will often require arrangements to be made in advance of the term. The following are examples of excursions that have been effectively integrated into programs of various types:

- for a cross-cultural psychopathology course taught in the Czech Republic, visits to psychiatric institutes, outpatient mental health clinics, and forensic hospitals (Abrams, 2016);
- for a cultural psychology course taught in Japan, walks around local neighborhoods

- in which students are asked to reflect on the function of cultural activities and local institutions and to learn about ‘work and play, equality and inequality, [and] methods of expressing identity and belongingness’ (Enns, 2016);
- for a developmental psychology course taught in India, visits to NGOs that variously provide education for street children in an urban slum area, vocational rehabilitation, palliative care, and HIV/AIDS prevention services for sexual minorities (Gross, 2016);
  - for an environmental psychology course taught in Costa Rica, visits to NGOs that protect sea turtles and local biodiversity more generally (Ganzel & Siebert, 2016);
  - for a psychology and society course taught in Vienna, visits to the Sigmund Freud museum, the Narrenturm (a psychiatric asylum built in 1784), and a museum of medical history (IES Abroad, n.d.).

More generally, staff might investigate for possible outings local museums, historic sites, cultural activities (such as a tea ceremony; Enns, 2016), religious festivals and temples (for example, to study Hindu meditation; McMillan & Muir, 2016), ethnic districts, local markets, and psychology conferences. Possible assignments tied to excursions include the completion of field journals, presentations that link the experience to course concepts, and reflection papers in which students discuss assumptions of theirs that were recently challenged.

### **While abroad: Mental health**

Both globally and in Western Europe in particular, the most pervasive mental disorders – not counting developmental disorders – are, in order, depressive disorders (which account for 40.5 per cent of the disability adjusted life years [DALYs] caused by mental disorders globally), anxiety disorders (14.6 per cent), drug use disorders (10.9 per cent), alcohol use disorders (9.6 per cent), schizophrenia (7.4 per cent), bipolar disorder (7.0 per cent), and eating disorders (1.2 per cent;

Whiteford et al., 2013). Rates, though, do vary by region, and staff should consider this when working with international students. For example, depressive disorders are especially common in Eastern Europe, Northern Africa, and the Middle East and relatively uncommon in Australia and Pacific Asian countries. Alcohol use disorders are especially common in Eastern Europe and relatively uncommon in North Africa, Sub-Saharan Africa, and the Middle East. Eating disorders are especially common in Western Europe, North America, and Australia, and relatively uncommon in Sub-Saharan Africa, Latin America, and Asia. In contrast, rates of schizophrenia and bipolar disorder vary much less by region (Whiteford et al., 2013).

### ***Mental health issues among university students***

Even in the absence of study abroad, university students face many stressors that are not as frequently present for other young adults. They often find themselves in a new environment, away from family and friends, with a heightened workload and time management demands, and the expectation for self-directed learning (Royal College of Psychiatrists, 2011). These situational demands run counter to the popular sentiment that college students are privileged individuals who live a coddled life. In fact, serious mental illness, including bipolar disorder, schizophrenia, and eating disorders, often manifests initially in individuals 18–25 (Royal College of Psychiatrists, 2011), though may be difficult to diagnose in the early stages.

Examining particular classes of disorders, Eisenberg and colleagues used results from an internet-based survey to conclude that the prevalence of ‘any depressive or anxiety disorder’ was 15.6 per cent among US undergraduates and 13.0 per cent among US graduate students (Eisenberg, Gollust, Golberstein & Heffner, 1997). In a related study, Andrews and Wilding (2004) administered the Hospital Anxiety and Depression Scale to UK undergraduates both a month before matriculating and in the middle of their second year. They found that, among

students who were initially symptom free, 9 per cent developed depression and 20 per cent struggled with anxiety ‘at a clinically significant level’ at the latter assessment period. MacCabe and colleagues found that excelling in (vs. doing average at) school at age 16 conferred a four-fold increased risk of developing bipolar disorder, suggesting that bright university students may be especially at risk (MacCabe et al., 2010).

Data from other studies also suggest that college students are far from immune to mental illness. A study of university students in Spain found that the prevalence of eating disorders was 6.4 per cent (Lameiras-Fernández et al., 2002). McCauley and colleagues reported that, among their sample of 1980 students at US universities, 11.3 per cent reported a lifetime history of rape and, hence, enhanced risk for PTSD and depression (McCauley, et al., 2009). With respect to alcohol abuse, MacCall and colleagues found that at the University of Aberdeen 50 per cent of men and 34 per cent of women exceeded ‘sensible’ limits (defined as at least 21 drinks per week for men and 14 for women) and 11.5 per cent of men and 5.2 per cent of women drank at hazardous levels (defined as at least 51 drinks per week for men and 36 for women). Only 9.4 per cent of students indicated that they abstained from drinking altogether (MacCall et al., 2001).

Some evidence suggests the number of students with mental health problems has been steadily rising. For example, the Institute for Employment Studies (2015) found that, among British students in higher education, the per cent that declared a mental health issue increased by 132 per cent between 2009 and 2013.

#### ***Mental health issues among psychology majors***

Though little research has directly addressed the issue, there is a common perception in academia that a fair number of students pursue the study of psychology to better understand the mental health issues of themselves and their family members (APA, 2012). As such, students with existing psycho-

logical disorders or predispositions may self-select into the discipline. Consistent with this, one study found high rates of affective symptoms among psychology graduate students at US universities (APA, 2012). In particular, 87 per cent reported anxiety and 68 per cent reported symptoms of depression – with 19 per cent indicating a history of suicidal thoughts (APA, 2012). The investigators, though, did not examine the prevalence of DSM disorders *per se* or compare the participants to graduate students in other disciplines.

Examinations of mental health professionals are also consistent with the self-selection hypothesis. A study comparing female psychotherapists with other professional women found that the former group had higher childhood rates of family dysfunction, parental alcoholism, sexual and physical abuse, parental psychiatric hospitalisation, and parental death (Elliott & Guy, 1993). A separate study found that one-third of male therapists and two-thirds of female therapists reported being sexually or physically abused as children (Pope & Feldman-Sumner, 1992). Additionally, Epstein reported that ‘physicians with affective disorders tend to select psychiatry as a specialty.’

In short, there is circumstantial evidence that psychology majors are at heightened risk for psychiatric problems relative to their peers in other disciplines.

#### ***Mental health issues among students studying abroad***

At least in the US, there is very little difference in the percentage of university students who study abroad among those with and without mental health disabilities (in 2004: 16.8 per cent vs. 17.1 per cent; Mobility International USA, n.d.). Because study abroad requires rapid adjustment to a new culture in the absence of one’s social support network, pre-existing mental health issues can become exacerbated (Hoffa & Pearson, 1997). So, as the prevalence of psychological disorders in university students and the number of students studying abroad have simultane-

ously increased, the need for focused policies addressing mental health issues among students studying abroad has also grown.

#### ***Common signs of psychological distress***

Many psychology staff are likely to be familiar with common signs of psychological distress. As such, we provide an intentionally brief and abbreviated list of psychological syndromes common among university students in rough order of prevalence (Whiteford et al., 2013) as well as associated signs most likely to be salient to staff directors.

- Depression – depressed or irritable mood, expressions of hopelessness or worthlessness, coursework with suicidal themes, lethargy, anhedonia.
- Anxiety – muscle tension, excessive sweatiness, complaints of nausea, compulsive behaviours.
- Substance use – bloodshot eyes, unusual smells on breath or clothing, impaired coordination, deterioration of hygiene.
- Disordered eating – dramatic weight loss, wearing of bulky clothes, avoidance of eating in front of others, trips to the bathroom after meals.
- Psychosis – delusions, disorganized speech, disorganized behaviour, marked changes in dress and hygiene.
- Mania – rapid and voluminous speech, a rapid shifting of ideas, excessive activity, impulsive behaviour.

Additional signs that a student may be experiencing acute mental health issues include the following (Settle, 2005):

- academic impairment, reflected by diminished quality of work, frequent absences from class, missed deadlines or exams, or inappropriate behaviour in class;
- social impairment, reflected by difficulty making friends and frequent social isolation;
- physical symptoms, such as headaches and gastrointestinal problems.

Staff may also wish to be especially vigilant upon learning a student has experienced a

major stressor, such as one of the following (Settle, 2005):

- the death of a family member or close friend;
- the end of a romantic relationship;
- sexual harassment or assault;
- the diagnosis of a serious medical condition.

#### ***Responding to signs of psychological distress***

Psychology staff, because of their disciplinary knowledge and skill set, are especially well suited to identify and respond effectively to stress and more severe mental health issues among students. Upon noticing signs or being approached by a student, the staff member should demonstrate interest and concern for the student's welfare while maintaining professional boundaries. Conversations with the student should take place in private, even if the issue initially arises in a classroom setting. The staff might note in a non-judgemental tenor any concerning behaviours he or she noticed and then listen reflectively and ask follow-up questions in an effort to understand the student's perspective. Ideally, the conversation should lead to the development of a concrete plan, based in part on what has been effective for the student in the past. The Socratic method may be employed to enable the student to identify likely outcomes if the plan is or is not followed. Before parting, a specific location and time for continuing the conversation should be agreed upon (Settle, 2005).

To be clear, the role of the staff member should be to provide support but not formal treatment, regardless of clinical background. In cases where treatment is warranted, the student should be referred to a mental health provider. The staff member should indicate why seeing a professional might be helpful and to normalize the act of seeking help (e.g. to suggest it as a sign of courage rather than weakness; JED Foundation, 2016). For a variety of reasons, students may resist pursuing help, and staff should listen empathically to any concerns expressed in that regard (Settle, 2005).

A common concern among staff who

direct study abroad programmes is not knowing to whom to refer students in need. It is desirable for staff members, at the front end of the term abroad, to obtain information about counselling and crisis services offered by the host school, the names and locations of nearby hospitals and mental health clinics, the local emergency phone number, and the process of involuntarily hospitalising a student (JED Foundation, 2016). Additionally, many study-abroad insurance providers are able to refer students to local mental health professionals (University System of Georgia, 2016). Staff should bear in mind that procedures for seeing mental health professionals vary by country, with some requiring a referral from a physician to see a mental health professional and other requiring a referral from a mental health professional to see a psychiatrist (Settle, 2005).

At times a student's symptoms may be severe enough to warrant immediate intervention. This might occur, for example, in the case of a depressed student with suicidal ideation or a student with anorexia nervosa who has recently experienced significant weight loss. Other signs that a student may need to be removed, temporarily or permanently, from the programme are a marked decline in academic performance as a result of the mental health issue and behaviour that impairs the learning environment of other students on the programme (Settle, 2005).

Providing emergency assistance to students in need while abroad which can include arranging telephone or video consultations with mental health practitioners back home, connecting the student to local mental health clinics, and arranging for voluntary and, if necessary, involuntary hospitalisation. When pursuing hospitalisation, the staff member is advised to escort the student to the hospital if possible, to ensure he or she is not alone and to help the student navigate the admissions process. Depending on the severity of the issue, this assistance may go on for several days or weeks and may result in the student returning home.

Developing a comprehensive plan of

action and deciding whether to send a student home should be done in consultation. Where appropriate, staff should consider coordinating among the local mental health practitioners, the student's mental health practitioners back home, staff from the home university's counseling center and study abroad office, and the student's parents. It may be necessary to obtain written releases from the student to allow the staff member to consult with the various practitioners and the parents. Typically, detailed information about the student who is struggling should not be provided to other students.

### **Post-return: Facilitating integration**

Too often students experience study abroad in isolation, without the opportunity to connect gains in knowledge, global-mindedness, and intercultural skills to events back on the home campus. In this section we discuss means for facilitating this connection for staff programme leaders and for all staff who advise students returning from abroad.

Where available, students can be directed toward courses that specifically target students who have recently studied abroad. For example, at Carleton College (Northfield, Minnesota) a course titled 'I am a Stranger Here Myself' uses the experiences of students in the class to explore theories of cultural identity, intercultural competence, and intercultural transition (Johnson, 2005). Another set of courses at Carleton, titled 'Coffee and News,' is aimed especially at students returning from overseas study in foreign languages (French, German and Spanish). The courses help students stay abreast of current events and maintain their language skills through the reading of international news in its original language and regular meetings to exchange ideas. In 'Creative Travel Writing,' also offered at Carleton, students learn about travel writing as a genre and draw on their study abroad experience (a course pre-requisite) to produce and critique essays.

A re-entry course at St. Mary's College

(Notre Dame, Indiana) provides opportunities for students to study identity development theory (Erikson, 1968) and Kolb's experiential learning model (1984) in the context of their study abroad experience. Toward that end, students complete a number of related inventories prior to and following their time abroad and consider in the context of various theories how their perspectives have evolved (Bikos et al., 2016).

Some course assignments may be especially valuable for recent returnees. For example, Bikos and colleagues (2016) described a writing assignment in which students are asked to reflect on changes they have observed in themselves as a result of studying abroad and to relate particular experiences that contributed to these changes. Krusko (2009) asks students to engage in an 'individual foray,' which entails visiting a cultural context in which they are a minority (e.g. a centre for veterans or an event for senior citizens) and which is likely to produce discomfort. Students are asked to consider similarities and differences between the event and their study abroad immersion. Subsequent discussions focus on the lifelong process of developing cultural competence.

Psychology staff can also guide students toward internationally and cross-culturally-focused psychology courses. Relatedly, psychology departments may wish to circulate the names and areas of study of recent returnees so that staff teaching such courses may invite these students to classes to give presentations on topics tied to the course content (Lutsky, 2016).

Returnees might also be encouraged to conduct independent research connected with their experience abroad. For instance, students might investigate a problem that plagues the region, outcomes achieved from previous attempts to address the problem, and general theories of change (Downey, 2005). Upon return from a cross-cultural psychopathology programme in Prague led by the first author (KA), students have occasionally built on their experience when developing and writing their senior under-

graduate thesis. As an example, one student's thesis was titled 'Lowering the recidivism rates of sex offenders: A legal and cross-cultural analysis of sex crimes in the United States and the Czech Republic.'

Another means for psychology staff to connect students' abroad experiences with the home campus is to organise public symposia and poster sessions that enable students to present the results of research conducted abroad or a problem faced by the host country. Beloit College holds a campus-wide event called the International Symposium that fits this description (and even cancels all classes that overlap with it; Bikos et al., 2016). Such events may inspire younger students to pursue study abroad and serve to highlight for them the academic nature of the programmes (Lutsky, 2016).

There are still other means by which psychology staff can assist returnees. Students can be guided to the campus career centre, which often has information on international fellowships and foreign employment opportunities. Staff can also recommend relevant co-curricular opportunities, such as international film series, language tables, and student and community organisations related to the host country. Staff should also be aware of online resources for returnees. For example, [lifeafterstudyabroad.com](http://lifeafterstudyabroad.com) supports students with stories about immersion and return, resources to help plan future international ventures, and tips for connecting the study abroad experience with subsequent educational and career opportunities (Bikos et al., 2016). Students might even be encouraged to write an article for the campus newspaper.

Students who struggled with mental health issues while abroad (and even those who did not) may experience transition stress upon return. The best reentry support often comes from a student's social network; however, in some cases, professional counselors can help students unpack their experience in a deeper way. Psychology professors should pay attention to signs of distress and refer students to professional services when necessary. Addi-

tionally, psychology staff are often well qualified to provide feedback to study abroad offices seeking to improve their materials and processes connected to mental health.

## **Conclusions**

Study abroad, once primarily limited to foreign languages, area studies, and art history, is becoming increasingly popular in the field of psychology. Still, psychology staff may be hesitant to direct a study abroad programme or encourage their students to study at a foreign university, given the logistical complexities and long-standing assumptions about the universality of psychological phenomena (Arnett, 2008). In this paper, we argued that the benefits of study abroad in psychology are often under-appreciated and presented strategies for directing study abroad programmes from pre-departure through post-return. We also presented best practices, tailored for psychology staff, for responding to students who experience an occurrence or exacerbation of mental health issues while abroad. Please see the appendix

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for a summary of our key recommendations.

Both the APA (2013) and BPS (Trapp et al., 2011) endorse sociocultural and international awareness as a primary goal for undergraduate education. The more we present our students a global psychological perspective that drives critical thinking and self-reflection, the better we prepare them for the future.

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## Appendix: Summary of key recommendations

### Pre-departure activities:

#### Advising students

1. Be knowledgeable of institutional policies, priorities, and constraints surrounding study abroad.
2. Know the types of programmes available to students and how to help students access resources to make study abroad possible.

### Pre-departure activities:

#### Leading programmes

3. Ask students to complete and reflect upon measures of identity and intercultural competence, such as the Multi-group Ethnic Identity Measure (Phinney, 1992) and the Intercultural Development Inventory (Hammer, Bennett & Wiseman, 2013).
4. Obtain information about counselling and crisis services offered by the host school, the names and locations of nearby hospitals and mental health clinics, and the process of involuntarily hospitalising a student.
5. Include in pre-departure materials location-specific resources for obtaining mental health treatment.
6. Relay to students customs, laws, and penalties regarding alcohol and drug use, and consider requiring students to sign a drug and alcohol policy statement.

### While abroad: Teaching

7. Structure courses to induce ‘disorienting dilemmas,’ which occur when recent experiences cannot be assimilated into one’s present frame of reference.
8. Incorporate excursions to complement textbook and classroom learning and provide opportunities for students to apply knowledge to the real world.
9. Ask students to keep journals, give presentations, and/or write papers following excursions that force them to reflect upon pre-existing assumptions that were challenged.

### While abroad: Handling mental health issues

10. Be familiar with common signs of psychological distress.
11. Demonstrate interest and concern for students’ welfare while maintaining professional boundaries.
12. Aim to develop with struggling students a concrete plan, including a specific time for continuing the conversation.
13. When indicated, communicate why seeing a professional might be helpful and normalise the act of seeking help.
14. Provide emergency assistance to students in need by arranging telephone or video consultations with mental health practitioners back home, connecting students to local mental health clinics, or arranging for voluntary and, if necessary, involuntary hospitalisation.
15. Decide whether to send a student home in consultation with the student’s local mental health practitioners and mental health practitioners back home, staff from the home university’s counselling centre and study abroad office, and the student’s parents, as appropriate.

### Post-return: Facilitating integration

16. Steer students toward courses that specifically target those who have recently studied abroad as well as internationally and cross-culturally focused psychology courses.
17. Circulate within your department the names and areas of study of recent returnees so that staff teaching related courses may invite these students to give presentations on topics tied to the course content.
18. Encourage students to conduct independent research connected with their experience abroad.
19. Organise public symposia and poster sessions that enable students to present the results of research conducted abroad or a problem faced by the host country.
20. Recommend to students relevant co-curricular opportunities, such as international film series, language tables, and student and community organisations related to the host country.